PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of _____ Gila

District of _____

Town of _____ Miami

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. _____ 182

County Registrar No. _____ 80 4

Local Registrar No. _____ 80 4

No. 801 B Line ant _____ St. _____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _____ Jacinto Varela

{If child is not yet named, make supplemental report, as directed.}

| 3. Sex of Child male | To be answered ONLY in event of plural births. | 4. Twin, triplet or other _____ | 6. Legitimate? yes | 7. Date of birth Aug 17 1926 |
| | | 5. No., in order of birth _____ | | Month Day Year |

8. FATHER		14. MOTHER	
Full name Tiribis Varela		Full maiden name Anita Acosta	
9. Residence (Usual place of abode) Miami, Arizona		15 Residence (Usual place of abode) Miami, Arizona	
If non-resident, give place and state.		If non-resident, give place and state.	
10. Color or race Mexican	11. Age at last birthday 29 (Years)	16 Color or race Mexican	17. Age at last birthday 17 (Years)
12. Birthplace (city or place) Georgetown		18. Birthplace (city or place) Georgetown	
(State or country) New Mexico		(State or country) New Mexico	
13. Occupation Miner		19. Occupation Housewife	
Nature of industry Copper		Nature of industry	

20. Number of children of this mother	(a) Born alive and now living _____ 1	21. Were precautions taken against oph-
(Taken as of time of birth of child herein certified and including this child.)	(b) Born alive but now dead _____ 0	thalmia neonatorum?
	(c) Stillborn _____ 0	yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ alive _____ at 10:30 a. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature _____ H. H. Miller
(Physician or midwife).

Address _____ Miami, Arizona

Given name added from a supplemental report _____
Month, day, year

Filed Sept 8, 1926 _____ Local Registrar.

Filed _____, 19_____ County Registrar.

Registrar

151-817-111